

# MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE STANDARD CERTIFICATE OF DEATH

**=62-004857**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

**FILED JAN 19 1962**

Primary Registration District No. **500**

Registrar's No. **100**

STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |  |   |  |   |
|---|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Florissant</b>   |  | Length of stay in lb<br><b>14 years</b>   |  | c. CITY OR TOWN<br><b>Florissant</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1405 Miller Dr.</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS<br>(If outside, give location)<br><b>1405 Miller Dr.</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>ETHELBERT LEMUEL ELMORE,</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>January 6, 1962</b>   |   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-27-1918</b>                         | 9. AGE (last birthday)<br><b>43</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                   |  | IF UNDER 24 HR<br>Hours Min.                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>High School Principal</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Public School Syst.</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Puxico, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>Ethelbert L. Elmore, Sr.</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Stella Alice Scism</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mattie Mae</b>   |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, go, or unknown) (If yes, give war or dates of service)<br><b>Yes WWII</b>  |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  | 17. INFORMANT<br>Address<br><b>1405 Miller Dr.</b><br><b>Mrs. Mattie M. Elmore, Florissant, Mo.</b>  |   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>coronary occlusion</b>   |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hours</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |  |  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>                            | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year _____   |   |  |  |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |   | 20f. CITY, TOWN, OR LOCATION                                 |  | COUNTY  | STATE  |   |
| 21. I attended the deceased from <b>Sept 1961</b> to <b>1/6/62</b> and last saw her alive on <b>Sept 1961</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |   |
| 22a. SIGNATURE<br><b>Shirley Freedman M.D.</b>  |  |   | 22b. ADDRESS<br><b>607 No. Grand St. Florissant, Mo.</b>     |  |   | 22c. DATE SIGNED<br><b>1/8/62</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>1-10-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Puxico Cemetery</b> |  | 23d. LOCATION (City, town, or county)<br><b>Puxico, Mo.</b> |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>The Florissant Mortuary, Florissant, Mo.</b>   |  |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><b>1-9-62</b>               |  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b> |

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Gene A. Hutchens*

Licensed Embalmer No. 4466

P. O. Address Houston, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.